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"Global Efforts to Fight Ebola"

Chairman Smith, Ranking Member Bass, and Members of the Subcommittee; thank you for inviting me to testify on the U.S. response to the ongoing Ebola epidemic in West Africa, and for your interest in USAID and this critical issue.

Today the world is facing the largest and most-protracted Ebola epidemic in history. This devastating virus has sickened or killed more than 4,000 people across West Africa and for the first time ever, is being transmitted in densely populated urban areas. Since USAID last testified on the epidemic before this committee August 7, the situation on the ground has significantly deteriorated. In just over a month, both the number of reported cases and of deaths have more than doubled, and the situation has become increasingly grim. Without immediate action, the world is facing an unprecedented humanitarian crisis that could claim thousands more lives, threaten development and stability in West Africa, and spread to other parts of the world.

Growing in severity since July, the outbreak has spread through Guinea, Liberia, and Sierra Leone—countries that are fighting this vicious disease with fragile health and economic systems. Liberia and Sierra Leone have also only recently emerged from decades of civil war and are now falling prey to a new battle with Ebola. Further, the potential for regional spread has already revealed itself in Nigeria and Senegal. President Obama has declared this a top national security priority.

U.S. GOVERNMENT RESPONSE

The United States has been combating the Ebola epidemic since the first cases were reported in March, and we have expanded our efforts and increased personnel in the region as the crisis has unfolded. More than 120 specialists from across the U.S. government are on the ground in West Africa to prevent, detect, and stop the spread of this disease. USAID deployed a Disaster Assistance Response Team—or DART—to the region to oversee and coordinate the U.S. response, providing logistics, planning, program, and operational support to the affected countries; drawing forth critical assets and resources from several U.S. departments and agencies.

Through a whole-of-government approach, we're mounting an aggressive U.S. effort to fight this epidemic and have devised a clear strategy with four key pillars to stop this epic crisis: controlling the epidemic; mitigating second-order impacts, including blunting the economic, social, and political tolls; coordinating the U.S. and broader global response; and fortifying global health security infrastructure in the region and beyond.

Our goal is to enable the most effective international response possible, using our government-wide capabilities to fight the epidemic on a regional basis. Our current efforts have focused on controlling the spread of the disease—bringing in labs for specimen testing; supporting the construction and management of Ebola treatment units; airlifting critical relief supplies; strengthening emergency response systems of the affected governments; supporting burial teams who are safely managing human remains to prevent transmission; and spearheading mass public awareness campaigns with communities, describing how to prevent, detect, and treat Ebola.

EXPANDING U.S. GOVERNMENT EFFORTS

This crisis continues to escalate exponentially and requires an intensified speed and scale of response to address a rising rate of infection. That's why yesterday afternoon President Obama announced a significant expansion of our response.

These new efforts include U.S. Africa Command's establishment of a Joint Force Command headquartered in Liberia that will serve as a regional command and control to support and organize the U.S. military's activities in the region. We're setting up an Ebola training boot camp to create a pipeline of capable health care and management personnel—training up to 500 people per week—to boost our response capacity on the ground. To strengthen our logistics support, we're establishing a regional base that will expedite our surge of equipment, supplies, and personnel to West Africa. Most importantly, these efforts will provide the critical infrastructure of coordination, supplies, communications, and logistics that will enable and support an even greater response—so that we can bring all of our resources to bear and set the lead for our international partners.

The Department of Defense will also set up a 25-bed hospital in Liberia to help draw qualified medical personnel to the region; to date a critical gap in the international response. This facility will be open to all health care and aid workers who are working in West Africa on the Ebola crisis, should they fall ill while responding to this crisis.

The President also announced the launch of our Community Care Campaign, which will ensure that every family and every community gets the support they need to protect themselves from this deadly virus. Partnering with the affected countries, the U.N. Children's Fund (UNICEF), the Paul G. Allen Family Foundation, and organizations on the ground, USAID will initially

target 400,000 of the highest risk households in Liberia with vital training and important tools—soap, chlorine, and protective equipment.

Working alongside the Paul G. Allen Foundation, we will airlift 50,000 USAID-funded home healthcare kits this week to be delivered to some of the most isolated and vulnerable communities in Liberia. We will simultaneously work with every part of society to educate people on how to prevent and detect Ebola through mass public awareness campaigns supported by radio, text, television and community announcements. As we scale up our response, the only way the virus will be controlled is if we make concerted efforts to reach every community, and every home in the affected areas.

We know tough months lie ahead. It will require a coordinated effort by the entire global community to help stem this terrible public health crisis. But every outbreak of Ebola in the last 40 years has been stopped, and this one will be, as well.

STOPPING THE EPIDEMIC

In West Africa, the deadly spread of Ebola is presenting unique and distinctive challenges. Here in Washington, I head the USAID task force on the crisis that brings together experts from the disaster response, humanitarian, development, and health fields. This also includes our DART, which pulls specialists from USAID, the Centers for Disease Control and Prevention (CDC), the Department of Defense (DOD), the Department of Health and Human Services (HHS), and the U.S. Forest Service to coordinate the U.S. government's response.

The DART team's medical component, led by CDC, is supporting Ebola treatment units that help isolate and treat those affected by the disease, helping minimize the further spread of Ebola. CDC specialists across the region are assisting with contact tracing, database management, and health education. These experts are also providing technical guidance to the national public health agencies in the region to help prevent, detect, and stop the spread of the virus. The Department of Defense is working to upgrade laboratory testing facilities to help quickly detect the disease.

Days after the DART deployed to the region in early August, we began airlifting urgent medical supplies and emergency equipment to West Africa. This includes 10,000 sets of personal protective equipment to safeguard health workers—with an additional 130,000 being delivered in the coming weeks. Two portable water storage tanks and two water treatment systems; 40 tons of chlorine; 250 rolls of plastic sheeting to help bolster infrastructure at the Ebola treatment units; 5,000 body bags to increase support for the safe and dignified removal and transport of the bodies of Ebola victims; and 500 infrared thermometers to boost Ebola screening efforts.

To ensure these critical supplies are reaching the affected countries, USAID is supporting the UN Humanitarian Air Service, which is operating flights in and out of Guinea, Liberia, and Sierra Leone, ensuring that personnel and medical equipment are getting to areas of need despite commercial flight limitations.

FIGHTING MISCONCEPTIONS ABOUT EBOLA

This response has not only been about battling the disease, but also combating misconceptions about Ebola's very existence. Our DART staff tell us stories of ordinary West Africans who don't believe Ebola is real. "Show me Ebola," they say. That's why our Communications Care Campaign is prioritizing public education efforts to spread the word on prevention and treatment of the disease. Messages are being conveyed through radio, text, and television in local languages, and through the production of nearly 100 billboards and thousands of posters. To reach people with low literacy, USAID is training health volunteers on how best to verbally provide key messages to the community.

We're working to reverse deeply ingrained cultural practices as we help the affected communities understand that Ebola can be prevented, if and when the proper steps are taken. Cultural funeral traditions, such as burial procedures where family members touch and clean the body of the deceased, are contributing to the spread.

Our partners say that thanks to our public messaging campaigns, more people now know that touching dead bodies is harmful and can spread the disease—even though this goes against the cultural burial norms of the affected countries. Women are at the heart of this epidemic, and many are still pressured by the elders in their communities to clean the deceased, even though they know it can spread the disease and put them at risk.

There is also a stigma that comes with infection. We know that 50% of people who get sick don't seek treatment at hospitals or Ebola treatment units. Many are also terrified to get help because they hear rumors that if you fall ill and go to a hospital, you will never return. That's why USAID is targeting all of the families in the most at-risk counties in Liberia, beginning with four counties—or approximately 400,000 households—with household protection kits to help ensure they have the protection they need. Each kit provides basic protection and sterilization tools such as soap, chlorine, gloves, surgical masks, and gowns to help caregivers stay safe as they support their sick family members. These household interventions have been shown to reduce transmission and can be life-saving.

MITIGATING SIDE EFFECTS OF THE EPIDEMIC

This deadly epidemic underscores the importance of USAID's focus on ending extreme poverty and promoting resilient, democratic societies. As fragile states just emerging from decades of conflict and poverty, Sierra Leone and Liberia were particularly vulnerable as the disease jumped to urban environments. Even people who aren't sick have not escaped Ebola's reach. Commerce and trade have slowed, and daily life in some areas has come to a virtual standstill. Economic growth projections have been cut by more than half in all three of the most impacted countries, and the cost of living is rising—particularly in Liberia where inflation is expected to nearly double by the end of the year.

The United States is providing basic needs support and food aid to help counter these effects and boost access to food and water, especially for isolated communities. Through USAID's Office of Food for Peace, we're providing more than $6.6 million to the UN World Food Program's regional response—assistance that is providing rice, peas, and vegetable oil to patients receiving care at Ebola treatment units.

Responding together with the international community is vital for this crisis, which is why we're working not only across the U.S. government, but also diplomatically engaging with our donor and regional partners to drive more resources to the World Health Organization (WHO), which serves as the international lead on the Ebola response, and other NGOs on the ground. Our recent collaboration with the African Union (AU) to support the urgent deployment of trained and equipped AU medical workers to the region is a key example of how we can work together to combat this outbreak. These partnerships will be key to paving an effective way forward and addressing the crisis.

NEED FOR HEALTH CARE WORKERS

USAID is building a better system as we scale-up aid efforts. Our DART is strengthening emergency operations in the affected countries and has members supporting the Liberian Ebola Command Center, for example, to build the Liberian government's emergency response systems. The goal is to establish a framework of disaster response to improve coordination and streamline protocols so these governments can ultimately implement an organized and swift response.

Prior to the current epidemic, only one organization in the world—Médecins Sans Frontières (MSF)—had the Ebola-specific clinical capacity to treat and respond to such a crisis. Even so, MSF's capacity was premised on a moderate scale for a rural outbreak; what we face today in West Africa is a full-blown epidemic, concentrated increasingly in highly populated urban settings. The capacity to respond to an Ebola crisis of this scale and in this part of the world just simply did not exist—within MSF, in the international community, with the U.S. military, or

elsewhere. Our collective ability to rapidly deploy additional health care workers with the skill-set to combat this disease has been minimal.

There's also a high burn-out rate for the medical workers involved in this response, so it's absolutely critical that we have a pipeline of trained and skilled personnel who are on deck and ready to go. The bulk do not require advanced medical skills necessarily, but rather a rigorous understanding to approach infection control. This is why our Ebola training boot camp will be a vital tool as we move forward—and the Department of Defense is well-placed to establish this component.

We also encourage medical workers—nurses, doctors, and physicians assistants—who are interested in joining this historic response to register at www.usaid.gov/ebola/volunteers. Here they can find information on the crisis and how they can help.

CONCLUSION

We face a challenging global humanitarian situation today, and it is without doubt an unprecedented time for providing assistance. There are four 'Level 3 emergencies'—the UN designation for the highest level of humanitarian crisis—due to the conflicts in Syria, Iraq, South Sudan, and the Central African Republic. We are simultaneously confronting protracted emergencies in a number of other places around the world. It is within these extraordinary circumstances that, for the first time in history, USAID's Office of U.S. Foreign Disaster Assistance has deployed four DARTs—including our team in West Africa—to help save lives and alleviate suffering.

Importantly, I want to commend the courageous health care and aid workers who are every day risking their lives to save others. These are the true heroes in our fight against Ebola—and we owe it to them, and the thousands who have tragically succumbed to this cruel disease, to continue to think creatively and bring our resources to bear to stop the outbreak.

A coordinated global effort is required to help stem this tragic and deadly epidemic. But we can, and we will, stop the spread of Ebola. As President Obama said, we consider this epidemic to be a national security priority, and we are taking a whole-of-government approach to bring our resources to bear and enable the most effective international effort in the fight against Ebola. The United States remains committed to working with our international partners and the governments of the affected countries to end this crisis. Thank you for your time today and for the vital Congressional support that makes our life-saving work possible.